

# **LHD OPEN LINE CALL**

**JULY 22, 2008**

**Meeting Summary:** Thank you Terri for leading the call. Roll was taken.

## **I. General Update**

- A. People agreed that these minutes are very helpful. One MCIR Coordinator missed the 7/10 call and wasn't aware of the new LWB system (and that the data would be wiped clean, see those notes IIIA). Would appreciate if something that significant is discussed, if MDCH would also notify the regions to disseminate the information quickly.
- B. Please check the website weekly for the most current information (thanks Rosemary!).

## **II. VFC update**

- A. Terri went through a list of issues that have occurred and what steps MDCH is doing to resolve them:
  - a. Multiple boxes are being shipped from McKesson over several days, even up to 3 days. Large orders are coming in up to 8 boxes. The VFC team has filed a complaint with McKesson customer service. We will keep you updated.
  - b. To verify the order, please do NOT use the order number on the packing slip, this is a McKesson number. It is critical that the order be verified. Please look at vaccine and Lot #. The date the vaccine is entered into MCIR is the date MDCH receives the data file and uploads it to MCIR. This date appears in MCIR, but is not on the packing slip.
  - c. Good practice: Please make sure that every person tasked with unpacking vaccine shipments has a trained "back-up" person who has appropriate training on how to unload, verify, and

place vaccine in the storage unit. There have been some errors (for example, vaccine is packed arbitrarily in another vaccine box for convenience, please don't make the assumption that one box of vaccine contains the marked vaccine – (Hep A packaged inside of Dtap box). Also, MDCH has let McKesson know that vaccine should not be randomly packaged.

- B. Reminder: For returns, the return label is preprinted on the inside flap of the shipping box. An email was sent out on this, and pictures are posted to the website for your reference.
- C. Terri and the VFC team are carefully reviewing all temperature logs submitted. Some of them have calibrations out of range with no supporting comments/notes or indicators of corrective action taken. Be sure to label the temperatures in the calibrations to indicate which thermometer is reading which temperature. Reminder: please base your calibrations to  $\pm 3^{\circ}$  off the certified thermometer (same as for LHD Accreditation).
- D. All  $\frac{1}{2}$  day clinics still need to have temps checks twice per day. The recommendation is to mark it on arrival and on departure.
- E. Inventory balancing seems to be causing some issues. MDCH is getting ready to do a tip sheet on this. Dave/Sharon/Roxanne are looking at this right now. If the LHD is having an issue, we KNOW providers will have the same issue. MDCH is not balancing any inventory now so it is helpful to hear from LHD.
- F. The state depot is nearly depleted.
- G. Some LHD are opting NOT to have a separate depot and LHD clinic. The clear expectation from MDCH has been that each LHD maintain both pin #'s until at least all providers are converted to VIM. It is both easier and important to a depot pin # so it can be monitored. A depot will also be useful in the upcoming flu season since this year will be our first using a centralized distribution system and we cannot predict how it will go. Darcy is working on a plan for this season.

### III. MCIR update

- A. Bea recognizes that the Tip Sheet for LWB has been confusing. They are in the process of revising this and are planning to send it out ASAP.
- B. L/W/B Report will NOT be available until e-ordering is ready. Please disregard this column. This will be a running tally of doses and will not balance.
- C. Some reports are not working well and are being investigated. Bea and Laura encourage you to submit bugs to the MCIR helpdesk. Also, please share any work-arounds that you have come up that might be useful to others.
- D. Laura K reported that 128 private providers are converted and 94 LHD locations. 😊
- E. MCIR expressed thanks to everyone for their support and for being so proactive in helping make MCIR run smoothly.
- F. Laura reported that transfers are going very well. LHD transfer should be getting a list every Monday from Ian. The lists should be going to the person who uploads and also to the person who reconciles.
- G. There have been several "Mother-child" successful transfers, including Kent, Macomb, and BHSJ. Provider's who are part of a health system are also considered a "Mother-child" transfer. MCIR tech team is working on the transfiguration to make the behind-the-scenes work run smoothly.

### IV. Sharing and Best Practices

- A. Mary Wisinski shared a labeling system that she and the nurses developed to track remaining doses. They are using AVERY 5160 labels to put on the outside of box (w/out covering the NDC, lot #, or name etc). They mark off doses as they are used to help with inventory count. Her email address is [Mary.Wiskinki@kentco.mi.gov](mailto:Mary.Wiskinki@kentco.mi.gov).

- B. Mary Jo suggested that for the MCIR reports, general information on each column (what it means and how to get it to balance) would be helpful. Therese thought this could likely be modified from the VFC report, since it already has some descriptions in it.
  - C. Therese reported that Kevin G. and the MCIR tech team are continuing to work on e-ordering. They have had one successful upload to the CDC software VACMAN.
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Questions during the call:

Q1: Mike Parent (Macomb) requested a description of the various MCIR levels of permission / privilege. Janet Breneman (BHSJ) also requested this (ie for site administrators etc.)

A1: Great idea – will get that out.

Q2: Mary Jo Flenner (MDCH) requested a formula (ie  $a+b=c$ ) for ending inventory reports.

A2: Laura K will look into this and review the report /; verify it.

Q3: Shawna (D-I) had an eligibility question. What happens if they have to change the status of a client from insured to underinsured (usually about 3 months later)? Will this affect VFC and inventory and doses admin?

A3: Terri gave an example – If Johnny Greene.....

Please refer to the scenarios on **Page 3** of the Replacing/borrowing Tip Sheet.

Follow up question: Tawnya Simon (Saginaw). What happens if it's not in the same month?

A3a It is likely they won't be in the same month (usually ~3 months). Terri recommends that you put something down in the comment field so that you have it to refer to later.

Q4: Sue Schryber (Ottawa) What do they put vaccine in if they don't have the box but still need to keep it shielded from light.

A4: Terri recommends saving empty diluent boxes for this purpose that can be marked. Another option is to put it on a tray and cover with a marked paper towel. LHD *may* be able to use a paper lunch sack if there is enough airflow.

We don't encourage the use of ziplock bags that would restrict the airflow and cause storage and handling issues.

Pat Khren (Muskegon) shared that she used old RX bottles with the cap removed.

#### ITEMS MDCH WILL FOLLOW UP ON

- ☐ Follow up on complaint filed to McKesson on 1Aa
- ☐ Macomb – Ian please contact Mike/Jennifer. They had some concerns with providers last week that appear to be ok now.
- ☐ Update Therese's description of MCIR user levels.
- ☐ Karen McGettigan (MCIR) had a question about flu doses. How will VIM recognize different dosing of flu vaccine? For example, will MCIR be able to distinguish between .25 ml and .5 ml? Pat White (Oakland) suggested a drop down for flu. Terri followed up with a question – do they want this only for flu, or for all vaccines? Pat White stated it would be helpful for both because she has run into this with some other vaccine.